FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS CLAY COUNTY MEDICAL CENTER DECEMBER 31, 2014 AND 2013

CONTENTS

	Page
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS	1
FINANCIAL STATEMENTS STATEMENTS OF NET POSITION STATEMENTS OF REVENUE, EXPENSES, AND CHANGES IN	3
NET POSITION	4
STATEMENTS OF CASH FLOWS	5
NOTES TO FINANCIAL STATEMENTS	7
SUPPLEMENTARY INFORMATION	
NET PATIENT SERVICE REVENUE	20
OPERATING EXPENSES	21
SUMMARY OF INSURANCE COVERAGE	22
PATIENT ACCOUNTS RECEIVABLE	23
BALANCE IN DEPOSITORY COMPARED WITH DEPOSITORY	
SECURITY	24
STATISTICAL DATA	26



Certified Public Accountants and Management Consultants

Heather R. Eichem, CPA Brian J. Florea, CPA John R. Helms, CPA Eric L. Otting, CPA

Darrell D. Loyd, CPA Jere Noe, CPA John E. Wendling, CPA Barry W. Boyles, CPA Adam C. Crouch, CPA Ashley R. Davis, CPA

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Board of Trustees Clay County Medical Center

We have audited the accompanying financial statements of the business-type activity of Clay County Medical Center (Medical Center), a component unit of Clay County, Kansas, as of and for the years ended December 31, 2014 and 2013, which collectively comprise the Medical Center's financial statements as listed in the table of contents, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the Kansas Municipal Audit Guide. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

The 2014 and 2013 financial statements referred to above do not include financial data of the Clay County Hospital Foundation (Foundation), a component unit of the Medical Center based on the nature and significance of the relationship between the Medical Center and the Foundation. Although the Medical Center does not have ownership of the assets of the Foundation, the financial data of the Foundation should be included in order to conform with accounting principles generally accepted in the United States of America as provided for in Governmental Accounting Standards Board Statement No. 39, "Determining Whether Certain Organizations are Component Units." If the omitted component unit had been included for the years ended December 31, 2014 and 2013, the component unit's assets and net assets would be approximately \$1,568,000 and \$983,000, respectively, and the increase in net assets would be approximately \$585,000 and \$160,000, respectively.

Qualified Opinion

In our opinion, except for the effects on the financial statements of the omission described in the preceding paragraph, the financial statements referred to above present fairly, in all material respects, the financial position of the business-type activity of Clay County Medical Center as of December 31, 2014 and 2013, and the changes in its net position and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Other-Matters

The Medical Center has omitted a management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the financial statements. Such missing information, although not a part of the financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the financial statements in an appropriate operational, economic, or historical context. Our opinion on the financial statements is not affected by this missing information.

Our audits were conducted for the purpose of forming an opinion on the financial statements that collectively comprise Clay County Medical Center's financial statements as a whole. The supplementary information presented on pages 20 through 25 is for purposes of additional analysis and is not a required part Such information is the responsibility of of the financial statements. management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole, except that no opinion is expressed as to the adequacy of insurance coverage.

The statistical data shown on page 26 is presented solely as supplementary information. This data has been summarized from Medical Center records and was not subjected to the audit procedures applied in the audit of the financial statements. Accordingly, we do not express an opinion on such data.

Wendling Noe Melson & Johnson IIC Topeka, Kansas May 22, 2015



CLAY COUNTY MEDICAL CENTER STATEMENTS OF NET POSITION December 31,

ASSETS

	2014	2013
CURRENT ASSETS Cash and invested cash Patient accounts receivable, net of allowance for doubtful accounts of \$1,713,320 in 2014 and \$1,305,076	\$ 1,617,349	\$ 1,501,864
in 2013 (Note A5) Other receivables Estimated settlements due from third-	3,391,430 48,562	2,458,083 3,745
party payors (Note B) Assets whose use is limited - required		330,225
for current liabilities (Note D) Inventories (Note A6) Prepaid expenses	79,713 214,897 158,621	99,209 174,489 220,278
Total current assets	5,510,572	4,787,893
ASSETS WHOSE USE IS LIMITED By Board of Trustees (Note C)		
For capital acquisitions By agreement (Note D)	949,438 329,713	1,610,445
	1,279,151	1,959,654
Less assets whose use is limited and that are required for current liabilities	79,713	99,209
Noncurrent assets whose use is limited	1,199,438	1,860,445
CAPITAL ASSETS - NET (Notes A7, E, G, and K)	5,591,708	5,994,773
OTHER ASSETS Other investments (Notes A8 and F)	544,639	447,875
Total assets	\$12,846,357	\$13,090,986

LIABILITIES AND NET POSITION

	2014	2013
CURRENT LIABILITIES Current installments of long-term debt (Note G) Accounts payable and other accrued liabilities Salaries and wages payable Accrued compensated absences Payroll taxes payable Estimated settlements due to third- party payors (Note B) Accrued interest payable	\$ 322,224 759,005 69,992 543,617 83,113 604,908 23,304	\$ 312,224 819,345 344,941 431,067 57,486
Total current liabilities	2,406,163	1,988,367
LONG-TERM DEBT, excluding current installments (Note G) Total liabilities	1,579,988 3,986,151	1,902,212
NET POSITION (Note A9) Invested in capital assets - net of related debt Restricted For debt service (Note D)	3,689,496	3,780,337 349,209 5,070,861
Unrestricted	4,840,997	5,070,861
Total net position	8,860,206	9,200,407
Total liabilities and net position	\$ 12,846,357	\$13,090,986
P02101011		<u> </u>

CLAY COUNTY MEDICAL CENTER STATEMENTS OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION

Year ended December 31,

	2014	2013
Operating revenues Net patient service revenue Electronic health record incentive	\$15,371,071	\$14,749,300
revenues (Note B) Other	634,075 428,289	427,495
Total operating revenue	16,433,435	15,176,795
Operating expenses Salaries and wages Employee benefits Supplies and other Depreciation and amortization	7,769,121 2,032,779 6,467,766 1,054,300	7,489,253 1,928,760 5,966,908 1,060,953
Total operating expenses	17,323,966	16,445,874
Operating loss	(890,531)	(1,269,079)
Nonoperating revenues (expenses), net Tax levy Interest expense Investment income Noncapital grants and contributions Gain (loss) on sale of capital assets	578,920 (98,154) 35,531 95,471 (61,438)	546,670 (111,526) 74,712 76,981 476
Total nonoperating revenues (expenses), net	550,330	587,313
Decrease in net position Net position at beginning of year	(340,201)	(681,766) 9,882,173
Net position at end of year	\$ 8,860,206	\$ 9,200,407

CLAY COUNTY MEDICAL CENTER STATEMENTS OF CASH FLOWS Year ended December 31,

	2014	2013
Cash flows from operating activities Receipts from and on behalf of patients Payments to or on behalf of employees Payments for suppliers and services Other receipts and payments	\$15,372,857 (9,998,738) (6,426,023) 1,013,990	\$14,930,554 (9,179,722) (5,812,615) 433,944
Net cash provided (used) by operating activities	(37,914)	372,161
Cash flows from noncapital financing activities Tax levy Noncapital grants and contributions	578,920 95,471	546,670 76,981
Net cash provided by noncapital financing activities	674,391	623,651
Cash flows from capital and related financing activities Acquisition of capital assets Proceeds from sale of capital assets Principal payments on long-term debt Principal payments on capital lease obligations Interest paid	(733,841) 400 (312,224) (98,154)	(848,800) 476 (302,224) (178,409) (114,004)
Net cash used by capital and related financing activities	(1,143,819)	(1,442,961)
Cash flows from investing activities Decrease in assets whose use is limited Increase in other investments Investment income received	680,503 (96,764) 39,088	48,092 (209,079) 76,485
Net cash provided (used) by investing activities	622,827	(84,502)
Net increase (decrease) in cash and cash equivalents Cash and cash equivalents at beginning of year	115,485	(531,651) 2,033,515
Cash and cash equivalents at end of year	\$ 1,617,349	\$ 1,501,864

CLAY COUNTY MEDICAL CENTER STATEMENTS OF CASH FLOWS - CONTINUED Year ended December 31,

	2014	2013
Reconciliation of operating loss to net cash provided (used) by operating activities Operating loss Adjustments to reconcile operating loss to net cash provided (used) by operating activities	\$ (890,531)	\$ (1,269,079)
Depreciation and amortization Provision for bad debts	1,054,300 1,052,444	1,060,953 939,908
Changes in Accounts receivable Other receivables Estimated settlements with third-	(1,985,791) (48,374)	(436,550) 6,449
party payors Inventories and prepaid expenses Accounts payable and accrued expenses	935,133 21,249 (176,344)	(322,104) 21,226 371,358
Net cash provided (used) by operating activities	\$ (37,914)	\$ 372,161

NOTE A - SUMMARY OF ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

1. Financial reporting entity

Clay County Medical Center (Medical Center) is located in Clay Center, Kansas, and operates a 25-bed hospital. The Medical Center is owned by Clay County, Kansas (County), and governed by an elected five-member Board of Trustees. The Medical Center is a component unit of the County.

2. Blended component unit

Liberty Square, Inc. (LSI), is a not-for-profit corporation that was established for the basic purpose of leasing a nursing home and extended care facility to another party. LSI is governed by a Board of Trustees who hold their positions as a result of being elected members of the Medical Center's Board. For financial reporting purposes, LSI is reported as if it were a part of the Medical Center. The net assets of LSI, if any, are to be distributed to the Medical Center upon dissolution.

3. Basis of accounting

The Medical Center uses enterprise fund accounting. Revenue and expenses are recognized on the accrual basis using the economic resources measurement focus.

4. Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

5. Patient accounts receivable

The Medical Center reports patient accounts receivable for services rendered at net realizable amounts from third-party payors, patients, and others. The Medical Center provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information, and existing economic conditions.

6. Inventories

Inventories are stated at cost as determined by the first-in, first-out method.

CLAY COUNTY MEDICAL CENTER NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2014 and 2013

NOTE A - SUMMARY OF ACCOUNTING POLICIES - Continued

7. Capital assets

Capital assets (including assets recorded as capital leases) are stated at cost. Depreciation and amortization of capital assets is provided on the straight-line method over the estimated useful lives of the assets. The estimated lives used are generally in accordance with the guidelines established by the American Hospital Association.

The costs of maintenance and repairs are charged to operating expenses as incurred. The costs of significant additions, renewals, and betterments to depreciable properties are capitalized and depreciated over the remaining or extended estimated useful lives of the item or the properties. Gains and losses on disposition of capital assets are included in nonoperating revenues and expenses.

8. Other investments

The Medical Center's investments in Mobile Clinical Services, Inc., Clay County Assisted Living, LLC, and Community Holdings LLC are stated at cost plus equity in undistributed net earnings (loss) since the date of acquisition.

9. Net position

The net position of the Medical Center is classified in three components. "Net position invested in capital assets net of related debt" consists of capital assets net of accumulated depreciation and reduced by the balances of any outstanding borrowings used to finance the purchase or construction of those assets. "Restricted net position" is noncapital net position that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Medical Center, including amounts deposited with trustees as required by indenture agreements. "Unrestricted net position" is the remaining net position that does not meet the definition of "invested in capital assets net of related debt" or "restricted."

10. Operating revenues and expenses

The statement of revenue, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, which is the Medical Center's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

11. Net patient service revenue

Net patient service revenue is reported at established charges with deductions for discounts, the provision for bad debts and contractual adjustments, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

NOTE A - SUMMARY OF ACCOUNTING POLICIES - Continued

12. Grants and contributions

From time to time, the Medical Center receives grants and contributions from individuals and other organizations. Revenues from grants and contributions are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted for specific operating purposes are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

13. Charity care

The Medical Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

14. Income taxes

The Medical Center is exempt from federal income taxes pursuant to Sections 115 and 501(a) of the Internal Revenue Code.

15. Cash equivalents

The Medical Center considers all cash and invested cash, excluding assets whose use is limited, to be cash equivalents.

NOTE B - REIMBURSEMENT PROGRAMS

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established charge rates. The amounts reported on the statements of net position as estimated settlements due to/from third-party payors consist of the estimated differences between the contractual amounts for providing covered services and the interim payments received for those services. A summary of the payment arrangements with major third-party payors follows:

Medicare - Inpatient and outpatient services rendered to Medicare program beneficiaries are paid under the provisions applicable to critical access Payments to the Medical Center under the critical access hospitals. are primarily based on various cost reimbursement provisions methodologies. Physician services rendered to Medicare beneficiaries are paid based on a prospectively determined fee schedule. The Medical Center is paid for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Center and audits or reviews thereof by the Medicare Medical administrative contractor. The Medical Center's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization. The Hospital's Medicare cost reports have been audited or reviewed by the Medicare administrative contractor through December 31, 2012.

NOTE B - REIMBURSEMENT PROGRAMS - Continued

Medicaid - Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. All other services rendered to Medicaid beneficiaries are also paid at prospective rates determined on either a per diem or fee-for-service basis.

Blue Cross and Blue Shield - All services rendered to patients who are insured by Blue Cross and Blue Shield are paid on the basis of prospectively determined rates per discharge or discounts from established charges.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates could change by a material amount in the near term.

A summary of gross and net patient service revenue follows:

	2014	2013
Gross patient service revenue Adjustments to patient revenue Third-party contractual adjustments,	\$ 24,595,320	\$ 22,209,721
discounts, and allowances Provision for bad debts Charity care	(7,913,664) (1,052,444) (258,141)	(6,328,344) (939,908) (192,169)
Net patient service revenue	\$15,371,071	\$14,749,300

The Medical Center maintains records to identify and monitor the level of charity care it provides. The amount of charges forgone for services and supplies furnished under its charity care policy for 2014 and 2013, was \$258,141 and \$192,169, respectively. The Medical Center estimates that the cost of providing charity care, based on overall cost-to-charge ratios obtained from the Medical Center's cost reports, was \$167,425 and \$130,972 for 2014 and 2013, respectively.

The American Recovery and Reinvestment Act of 2009 (ARRA) provides for incentive payments under the Medicare and Medicaid programs for certain hospitals and physician practices that demonstrate meaningful use of certified electronic health record (EHR) technology. These provisions of ARRA are intended to promote the adoption and meaningful use of interoperable health information technology and qualified EHR technology.

CLAY COUNTY MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2014 and 2013

NOTE B - REIMBURSEMENT PROGRAMS - Continued

The Medical Center recognizes revenue for EHR incentives when it has reasonable assurance that it has demonstrated meaningful use of certified EHR technology for the applicable period and complied with the reporting conditions to receive the payment. The demonstration of meaningful use is based upon meeting a series of objectives and varies between hospital facilities and physician practices and between the Medicare and Medicaid programs. Additionally, meeting the objectives in order to demonstrate meaningful use becomes progressively more stringent as its implementation is phased in through stages as outlined by Centers for Medicare & Medicaid Services. The Medical Center recognized \$634,075 of revenue related to EHR incentives during the year ended December 31, 2014.

The Medical Center incurs both capital expenditures and operating expenses in connection with the implementation of its EHR initiatives. The amounts and timing of these expenditures do not directly correlate with the timing of the Medical Center's recognition of EHR incentives as revenue.

NOTE C - ASSETS WHOSE USE IS LIMITED BY BOARD OF TRUSTEES

Assets whose use is limited by the Board of Trustees consist of invested cash to be used for replacement of capital assets or for the purchase of additional capital assets and for deductible amounts under the Medical Center's health plan. The assets may be used for other purposes by action of the Board of Trustees.

NOTE D - ASSETS WHOSE USE IS LIMITED BY AGREEMENT

Assets whose use is limited by agreement are related to the Series 2006-A General Obligation Hospital Revenue Bonds (see Note G). The assets consist of invested cash in the following accounts:

		2014		2013
Debt Service Account Series 2006-A Reserve Account	\$	79,713 250,000	\$	99,209 250,000
		329,713		349,209
Less amounts required for current liabilities	×	79,713	-	99,209
	\$	250,000	\$	250,000

The Series 2006-A Reserve Account was fully funded with an initial deposit of \$250,000. The 2006-A Reserve Account can only be used to prevent a default in the payment of interest on or principal of the bonds. If expenditures are made out of the Series 2006-A Reserve Account, the account must be fully funded within a period not to exceed twelve months.

The Debt Service Account is to be used to pay interest and principal payments on the bonds. Funds in the Debt Service Account that are required for obligations classified as current liabilities are reported in current assets.

NOTE E - CAPITAL ASSETS

Capital asset additions, retirements, and balances are as follows:

		20	14	
	~	Transfers		·
	Beginning	and		Ending
	balance	additions	Retirements	balance
Land Land improvements	\$ 117,377 338,686	\$ -	\$ -	\$ 117,377 338,686
Buildings and fixed equipment Major movable equipment	13,919,466 6,729,911	73,989 1,082,009	285,374	13,993,455 7,526,546
Totals at historical cost	21,105,440	1,155,998	285,374	21,976,064
Less accumulated depreciation and amortization				
Land improvements Buildings and fixed	225,633	14,333		239,966
equipment Major movable equipment	9,583,060 5,744,899	518,863 521,104	223,536	10,101,923 6,042,467
	15,553,592	1,054,300	223,536	16,384,356
Construction in progress	5,551,848 442,925	101,698 (442,603)	61,838	5,591,708
Capital assets, net	\$ 5,994,773	\$ (340,905)	\$ 62,160	\$ 5,591,708
		20	12	
			13	
	Beginning balance	Transfers and <u>additions</u>	Retirements	Ending balance
Land Land improvements Buildings and fixed	\$ 117,375 1,105,644	\$ 2 (766,958)	\$ -	\$ 117,377 338,686
equipment Major movable equipment	13,340,325 5,988,077	579,141 741,834		13,919,466 6,729,911
Totals at historical cost	20,551,421	554,019		21,105,440
Less accumulated depreciation and amortization				
Land improvements Buildings and fixed	497,615	(271,982)		225,633
equipment Major movable equipment	8,955,658 5,039,366	627,402 705,533		9,583,060 5,744,899
	14,492,639	1,060,953		15,553,592
				5,551,848
Construction in progress	6,058,782 58,781	(506,934) 384,144		442,925

NOTE F - OTHER INVESTMENTS

Other investments consist of 5,000 shares (20 percent) of the common stock of Mobile Clinical Services, Inc. (MCS), two units (22.2 percent) of the ownership units of Clay County Assisted Living, LLC (CCAL), and a 17.5 percent equity interest in Community Holdings LLC (CH) (see Note J). The Medical Center's equity in undistributed net earnings of MCS and CCAL since acquisition is \$134,016 and \$69,585, respectively. The Medical Center's equity in the undistributed net loss of CH since acquisition is \$2,006.

Nuclear medicine and ultrasound services are provided to the Medical Center through arrangements with MCS. Total fees charged to operating expense for these services were approximately \$209,000 in 2014 and \$230,000 in 2013. Amounts payable to MCS for these services were insignificant at December 31, 2014 and 2013. The Medical Center paid CH approximately \$567,000 and \$502,000 in 2014 and 2013, respectively, for premiums under its partially self-insured health insurance plan.

NOTE G - LONG-TERM DEBT

Long-term debt consists of the following:

	2014	2013
4.10% to 5.25% Hospital Revenue Bonds, Series 2006-A, issued in March 2006, in the original amount of \$2,500,000	\$ 1,635,000	\$ 1,865,000
0% Note payable due to Blue Stem Electric Coop, issued in April 2008, in the original amount of \$740,000 with an administrative fee of one percent of the unpaid balance due annually to Blue Stem Electric Coop and, in addition, an administrative fee of one percent of the unpaid principal balance due annually to a local bank, monthly principal payments of \$6,852 beginning		
April 15, 2009	267,212	349,436
Total long-term debt Less current maturities of long-term debt	1,902,212 (322,224)	2,214,436 (312,224)
	\$ 1,579,988	\$ 1,902,212

NOTE G - LONG-TERM DEBT - Continued

The County issued \$2,500,000 Series 2006-A Hospital Revenue bonds in March 2006. The proceeds from this issue were used to construct a building addition and related improvements. The revenue bonds are due in annual installments of varying amounts beginning on October 1, 2011, with final maturity on October 1, 2020. Interest is payable on April 1 and October 1 of each year beginning on October 1, 2006. The revenue bonds are payable solely from a pledge of the revenues derived from the operation of the Medical Center.

The provisions of the hospital revenue bond resolutions (Series 2006-A) contain covenants which, among other things, require the segregation of funds for payment of principal and interest on the bonds (see Note D). The Series 2006-A bonds require a debt service coverage ratio of 1.20 on all parity bonds and obligations and 1.00 on any junior lien obligations and subordinate lien bonds. The computation of these covenants as defined in the bond resolution and interpreted by Medical Center management is as follows:

	Parity <u>calculation</u>	Junior lien <u>obligation</u>
Total operating revenues Total nonoperating revenues	\$ 16,433,435	\$16,433,435
(expenses), net Adjustments for	550,330	550,330
Loss on sale of capital assets	61,438	61,438
Interest expense	98,154	98,154
Revenues	17,143,357	17,143,357
Total operating expenses Adjustment for	17,323,966	17,323,966
Depreciation and amortization	(1,054,300)	(1,054,300)
Expenses	16,269,666	16,269,666
Net revenue	\$ 873,691	\$ 873,691

NOTE G - LONG-TERM DEBT - Continued

Scheduled annual debt service requirements on long-term debt are as follows:

	Parity calculation	Junior lien <u>obligation</u>
Hospital revenue bond principal payments Hospital revenue bond interest	\$ 230,000	50.F
payments Blue Stem Electric note principal payments Blue Stem Electric note interest	93,218	82,224
payments	\$ 323,218	6,578 \$ 88,802
Computed ratio	2.70	9.84
Minimum required ratio	1.20	1.00

Scheduled annual debt service requirements on long-term debt are as follows:

	Principal	Interest	<u>Total</u>	
2015 2016 2017 2018 2019 2020	\$ 322,224 337,224 347,224 300,540 290,000 305,000	\$ 87,571 74,406 60,267 45,373 31,093 16,013	\$ 409,795 411,630 407,491 345,913 321,093 321,013	
	\$ 1,902,212	\$ 314,723	\$ 2,216,935	
The following is a summary	of changes in	long-term debt:		
Principal outstanding at 2013 payment of debt	January 1, 201	3	\$ 2,516,660 (302,224)	
Principal outstanding at 2014 payment of debt	December 31, 2	013	2,214,436 (312,224)	
Principal outstanding at	December 31, 2	014	\$ 1,902,212	

NOTE H - RISK MANAGEMENT

The Medical Center is insured for professional liability under a comprehensive hospital liability policy provided by an independent insurance carrier with limits of \$200,000 per occurrence up to an annual aggregate of \$600,000 for all claims made during the policy year. The Medical Center is further covered by the Kansas Health Care Stabilization Fund for claims in excess of its comprehensive hospital liability policy up to \$300,000 pursuant to any one judgment or settlement against the Medical Center for any one party, subject to an aggregate limitation for all judgments or settlements arising from all claims made in the policy year in the amount of \$900,000. All coverage is on a claims-made basis. The above policies are currently in effect through December 31, 2015. The Medical Center intends to renew this coverage on that date and is aware of no reason why such coverage would be denied at that time.

In addition to the risk disclosed elsewhere in these financial statements and notes thereto, the Medical Center is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. The Medical Center purchases commercial insurance for these risks.

NOTE I - PENSION PLAN

Substantially all employees of the Medical Center participate in the Clay County Medical Center Employees' Pension Plan (Plan), which is a defined contribution pension plan. The payroll for employees covered by the Plan for 2014 and 2013, was approximately \$7,367,000 and \$7,232,000, respectively. The total payroll for 2014 and 2013 was approximately \$7,769,000 and \$7,489,000, respectively. Substantially all employees of the Medical Center are eligible to participate in the Plan after one year of employment. Covered employees are required under the terms of the Plan to contribute 3.5 percent of the first \$15,000 of covered compensation plus 7 percent of the covered compensation exceeding \$15,000. The Medical Center is required under the terms of the Plan to contribute 3.5 percent of the first \$15,000 of covered compensation plus 7 percent of the covered compensation plus 7 percent of the covered compensation exceeding \$15,000. Contributions to the Plan made by an employee vest immediately and contributions to the Plan made by the Medical Center vest based upon the Plan's vesting schedule and the employee's years of service with the Medical Center.

The contribution requirement to the Plan for 2014 was approximately \$835,000 which consisted of equal amounts from the Medical Center and from the employees. The employee and Medical Center contributions represented 5.66 percent of covered payroll. The contribution requirement for 2013 was approximately \$798,000 which consisted of equal amounts from the Medical Center and from the employees. Contributions to the Plan are invested in annuity contracts with an insurance company.

CLAY COUNTY MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2014 and 2013

NOTE J - EMPLOYEE HEALTH INSURANCE

The Medical Center is partially self-insured for health insurance claims of its employees. The Medical Center has a reinsurance agreement that provides individual stop-loss coverage for incurred claims expense in excess of \$25,000 for individual subscribers. In addition, the reinsurance company contracts with another insurance company to provide catastrophic stop-loss insurance coverage for incurred claims expense in excess of \$250,000 for individual subscribers. Covered employees also provide part of the funds to pay claims through monthly contributions at predetermined rates. The Medical Center has retained an insurance company as its agent to process and settle claims.

The Medical Center has an equity interest in the company that provides individual stop-loss coverage for incurred claims expense in excess of \$25,000 for individual subscribers. The detail of this investment is included in Note F.

The following is a summary of the activity under this arrangement:

	2014	2013
Estimated employee health insurance claims payable at beginning of period Provision for employer's share of	\$ 160,067	\$ -
<pre>incurred claims expenses for the period, net of any reinsurance proceeds Employee contributions</pre>	957,551 293,807	794,492 322,171
Payments made for claims, expenses, and reinsurance premiums	(1,311,425)	(956,596)
Estimated employee health insurance claims payable at end of period	\$ 100,000	\$ 160,067

NOTE K - RENTAL OF PROPERTY

The Medical Center receives rent under operating lease agreements for physician private office space, a nursing home and extended care facility, and other space. Rental revenue under these agreements was approximately \$102,000 and \$101,000 for 2014 and 2013, respectively.

NOTE L - OTHER RELATED PARTIES

Clay County Medical Center Foundation (Foundation) was established in April 1987. The Foundation's Articles of Incorporation provide that its funds are for the benefit of the Medical Center. The Medical Center received \$30,000 in noncapital grants and contributions from the Foundation in 2014.

The Medical Center has a contract with a local physician practice to provide emergency room coverage services. One of the members of this physician practice is an immediate family member of one of the Medical Center's Board of Trustees. The total fees paid to the physician practice under the contract were \$460,939 and \$536,127 for 2014 and 2013, respectively.

NOTE M - DEPOSITS WITH FINANCIAL INSTITUTIONS

Kansas statutes authorize the Medical Center, with certain restrictions, to deposit or invest in open accounts, time deposits, certificates of deposit, repurchase agreements, the State Treasurer's municipal investment pool, and U.S. Treasury bills and notes. Also, statutes require that financial institutions pledge securities with a market value equal to total deposits in excess of F.D.I.C. coverage at any given time and the securities pledged be deposited with a Kansas state or national bank or trust company, the Federal Reserve Bank, the Federal Home Loan Bank, or the Kansas State Treasurer.

The carrying amount of the Medical Center's deposits with financial institutions was \$2,566,537 and the bank balance was \$2,794,410 at December 31, 2014. The bank balance is categorized as follows at December 31, 2014:

Amount insured by the F.D.I.C., or collateralized with securities held by the Medical Center or by its agent in the Medical Center's name

\$ 919,853

Uncollateralized (amount collateralized with securities held in safekeeping by an authorized depository other than the pledging financial institution's trust department, but not in the Medical Center's name)

1,874,557

\$ 2,794,410

NOTE N - SUBSEQUENT EVENTS

The Medical Center has evaluated subsequent events through the date of the independent certified public accountants' report, which is the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

CLAY COUNTY MEDICAL CENTER NET PATIENT SERVICE REVENUE Year ended December 31,

		2014		2013
	<u>Inpatient</u>	Outpatient	<u>Total</u>	<u>Total</u>
Routine nursing care	\$ 3,121,760	\$ 54,554	\$ 3,176,314	\$ 2,625,943
Nursery	75,447	6	75,453	85,817
Intensive care	123,919		123,919	134,580
Surgery, recovery, and				
treatment room	80,540	929,350	1,009,890	833,346
Labor and delivery	69,081	12,651	81,732	94,264
Medical and surgical supplies	303,937	436,815	740,752	437,001
Emergency room and observation	37,194	2,400,588	2,437,782	2,385,717
Laboratory	644,444	2,183,945	2,828,389	2,608,026
Blood administration	40,509	72,947	113,456	63,302
Radiology	94,410	1,690,086	1,784,496	1,726,836
Nuclear medicine	19,552	415,465	435,017	511,027
Sonograms	9,247	425,081	434,328	451,052
Computerized tomography	166,842	2,347,164	2,514,006	2,195,028
Mammography		193,441	193,441	199,431
Vascular studies, telemetry,				
and cardiology	83,664	1,081,404	1,165,068	1,083,754
Clinics	1,116	290,714	291,830	222,850
Pharmacy	839,036	1,509,663	2,348,699	2,060,617
Intravenous therapy	130,252	97,434	227,686	228,535
Anesthesiology	81,849	745,650	827,499	817,283
Respiratory therapy	539,944	171,689	711,633	1,011,037
Physical therapy	124,187	650,520	774,707	733,518
Occupational therapy	109,992	149,015	259,007	156,985
Speech therapy	66,570	65,532	132,102	124,792
Hospice	7,924	1,900,190	1,908,114	1,418,980
Gross patient service revenue	\$ 6,771,416	\$17,823,904	24,595,320	22,209,721
Adjustments to gross patient service revenue Contractual adjustments,				
discounts, and allowances			(7,913,664)	(6,328,344)
Provision for bad debts			(1,052,444)	(939,908)
Charity care			(258,141)	(192,169)
Net patient service revenue			\$15,371,071	\$14,749,300
E. Commence of the Commence of				

CLAY COUNTY MEDICAL CENTER OPERATING EXPENSES

Year ended December 31,

		2014		2013
	Salaries			
	and wages	Other	<u>Total</u>	<u>Total</u>
Routine nursing care	\$ 1,539,778	\$ 72,577	\$ 1,612,355	\$ 1,622,046
Nursing administration	231,891	18,085	249,976	332,725
Nursery	26,753	12,156	38,909	46,713
Intensive care	71,768	7,297	79,065	87,394
Surgery, recovery, and				
treatment room	385,885	174,956	560,841	455,734
Surgeon	10,746	171	10,917	9,879
Labor and delivery	68,242	72,165	140,407	151,702
Medical and surgical supplies		134,786	134,786	193,844
Emergency room	265,903	955,295	1,221,198	1,213,573
Laboratory	324,383	489,636	814,019	701,028
Blood administration		5,874	5,874	70,613
Radiology	300,159	175,599	475,758	405,033
Nuclear medicine		119,597	119,597	161,861
Sonogram	41,926	11,141	53,067	48,519
Computerized tomography	56,888	100,645	157,533	192,626
Mammography	31,377	19,793	51,170	87,462
Vascular studies and cardiology	104,243	22,364	126,607	216,363
Clinics	124,588	2,521	127,109	46,351
Pharmacy	130,014	1,147,780	1,277,794	955,893
Intravenous therapy	7,165	5,636	12,801	12,834
Anesthesiology		387,638	387,638	395,073
Respiratory therapy	196,204	91,901	288,105	254,771
Physical, occupational, and				
speech therapy	497,257	149,178	646,435	502,550
Wellness	133,573	21,983	155,556	144,098
Hospice	636,150	518,770	1,154,920	1,039,320
Dietary	228,327	170,260	398,587	389,479
Operation of plant	183,145	702,475	885,620	821,429
Housekeeping	175,428	38,599	214,027	211,870
Laundry	59,644	14,348	73,992	75,075
Medical records	346,825	99,374	446,199	434,654
Fiscal services	860,938	166,757	1,027,695	965,480
Purchasing	31,491	3,746	35,237	53,721
Administrative services	698,430	554,663	1,253,093	1,156,448
Employee benefits	STOCK PERSON WITH MAKE CONTROL OF	2,032,779	2,032,779	1,928,760
Depreciation and amortization		1,054,300	1,054,300	1,060,953
**************************************			0	416.445.05
	\$ 7,769,121	\$ 9,554,845	<u>\$17,323,966</u>	\$16,445,874

CLAY COUNTY MEDICAL CENTER SUMMARY OF INSURANCE COVERAGE December 31, 2014

	Policy number	Policy expiration date	<u>Amount</u>
Fire, extended coverage, and vandalism Medical Center buildings			
and contents	0B5-75-57	1-01-15	\$27,424,303
Equipment breakdown	0B5-75-57	1-01-15	27,424,303
Fidelity and forgery bonds	0F5-75-57	1-01-15	10,000
Workmen's compensation Employer liability	Certificate #8	1-01-15	Statutory 500,000/500,000
Medical Center liability Professional liability Medical Center premises	HPL0021603	12-31-14	200,000/600,000
and operations Professional employees			1,000,000/3,000,000
other than physicians and residents Employee benefits liability			1,000,000/3,000,000 250,000/250,000
Professional liability - Kansas Health Care			
Stabilization Fund	HPL0021603	12-31-14	300,000/900,000
Trustees and officers' liability	29949C120ASP	12-28-15	1,000,000/1,000,000
Auto Comprehensive and collision Liability	0E5-75-57	1-01-15	Full coverage 1,000,000
Resident Fund Surety Bond	116828	7-09-15	4,000
Public Official Bond	0F5-75-57	1-09-15	50,000
Employment Practices Liability	29949C120ASP	12-28-15	1,000,000/1,000,000

CLAY COUNTY MEDICAL CENTER PATIENT ACCOUNTS RECEIVABLE December 31,

	2014	2013
Age of patients' accounts 0 - 30 days 31 - 60 days 61 - 90 days Over 90 days	\$ 2,005,766 1,425,774 527,205 2,487,201	\$ 1,790,984 579,415 361,678 1,862,082 4,594,159
Less: Allowance for doubtful accounts Allowance for contractual adjustments	(1,713,320) (1,341,196) \$ 3,391,430	(1,305,076) (831,000) \$ 2,458,083

CLAY COUNTY MEDICAL CENTER BALANCE IN DEPOSITORY COMPARED WITH DEPOSITORY SECURITY December 31, 2014

	Clay County National Bank Clay Center, Kansas	Farmer's & Merchants State Bank Clay Center, Kansas
Bank balances December 31, 2014 Less F.D.I.C. coverage	\$ 169,853 169,853	\$1,905,068 250,000
Balance in excess of F.D.I.C. coverage	<u>\$ -</u>	\$1,655,068
Market value of securities pledged	\$ 100,845	\$1,987,635

CLAY COUNTY MEDICAL CENTER

BALANCE IN DEPOSITORY COMPARED WITH DEPOSITORY SECURITY - CONTINUED December 31, 2014

	Union State Bank Clay Center, Kansas	United Bank & Trust Clay Center, Kansas
Bank balances December 31, 2014 Less F.D.I.C. coverage	\$ 408,507 250,000	\$ 310,982 250,000
Balance in excess of F.D.I.C. coverage	<u>\$ 158,507</u>	\$ 60,982
Market value of securities pledged	\$1,989,145	\$ 452,176

CLAY COUNTY MEDICAL CENTER

STATISTICAL DATA

(Unaudited)

Year ended December 31,

	2014	2013
Patient days		
Routine nursing care		
Acute care	1,615	1,511
Swing-bed care		
Skilled	2,075	1,716
Intermediate	16	4
Intensive care	53	60
Nursery	113	128
Discharges (excluding newborn)	741	738
		5 00
Admissions (excluding newborn)	740	733
Number of licensed beds (excluding nursery)	25	25
Total patient days (excluding nursery)	3,872	3,291
Percent of occupancy (excluding nursery)	42.4%	36.1%
Medicare patient days		
Routine nursing care		
Acute care	1,117	1,167
Swing-bed care	1,910	
Intensive care	38	52
Total	3,065	2,878
Medicaid patient days		
Routine nursing care		
Acute care	84	72
Swing-bed care	64	13
Intensive care	4	
Nursery	27	35
Total	179	120